

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/576736

## CLAIMS

## AS FILED

AFTER  
1<sup>ST</sup> AMENDMENTAFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

## AS FILED

AFTER  
1<sup>ST</sup> AMENDMENTAFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS